

FIREFIGHTER 2

Test Prerequisite Form

By signing below I hereby verify that the personnel listed below have completed each of the following indicated requirements:

1. Completed a training program that meets or exceeds all requirements of the Firefighter 2 level of the current edition of NFPA 1001, Standard for Fire Fighter Professional Qualifications including **all LIVE FIRE REQUIREMENTS**.
2. Completed a hazardous materials course that meets or exceeds all objectives for the **Operations Level** of the current edition of NFPA 472, Professional Competence of Responders to Hazardous Materials Incidents.
3. Completed a vehicle extrication class that meets or exceeds all requirements of the Firefighter level of the current edition of NFPA 1001, Standard for Fire Fighter Professional Qualifications such as the Georgia Fire Academy class, *Crash Victim Rescue*.

PRINT NAME

PRINT NAME

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Print Name _____
Fire Chief, Training Officer, or designee

Signature: _____

Department _____ **Date:** ____/____/____

Supplying or condoning the submission of false information to this agency may be a violation of the criminal code of Georgia (Georgia Law 1968 PP 1249, 1310).